

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 758812 (2)
 1. Corporation Name
COCONUT GROVE CHAMBER OF COMMERCE, INC.



Principal Place of Business 2820 MCFARLANE RD. MIAMI FL 33133	Mailing Address 2820 MCFARLANE RD. MIAMI FL 33133
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3. Date Incorporated or Qualified
06/17/1981

4. FEI Number
59-0877858

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**SMITH, SKY
 2400 SOUTH DIXIE HIGHWAY
 SUITE 100
 COCONUT GROVE FL 33133**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SWEENEY, H W ALLEN 2820 MC FARLANE RD COCONUT GROVE FL	<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERNANDEZ, IVAN 2820 MCFARLANE RD COCONUT GROVE FL	<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, SKY 2820 MCFARLANE RD COCONUT GROVE FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARPENTER, I B 2820 MCFARLANE RD COCONUT GROVE FL	<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WENDROW, NADENE 2820 MCFARLANE RD COCONUT GROVE FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED SIMONS, AMY 2820 MCFARLANE RD COCONUT GROVE FL 33133	<input checked="" type="checkbox"/> DELETE	

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P-ELECT D SILVIA M. CEJAS 2820 MCFARLANE ROAD COCONUT GROVE, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD JO-ANN FORSTER 2820 MCFARLANE ROAD COCONUT GROVE, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	SD DONNA SWEENEY 2820 MCFARLANE ROAD COCONUT GROVE, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	TD TINA K. VALDEZ 2820 MCFARLANE ROAD COCONUT GROVE, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Date _____

CR2E037 (10/97)